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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
FEES TRANSMITTAL For FY 2009		Application Number	10/519,495-Conf. #5386
		Filing Date	December 30, 2004
		First Named Inventor	Ingela PETERSSON
		Examiner Name	H. D. Mai
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	3732
TOTAL AMOUNT OF PAYMENT (\$ 130.00)		Attorney Docket No. 0104-0497PUS1	

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 02-2448				Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	
<input type="checkbox"/> Credit any overpayments	

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Small Entity Fee Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)	Fee (\$)	52	26
Each independent claim over 3 (including Reissues)		220	110
Multiple dependent claims		390	195

Total Claims	Extra Claims - 32 or HP = 0	Fee (\$) x 52.00 =	Fee Paid (\$)	Small Entity Fee (\$)	Fee (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
27	- 32 or HP = 0	x 52.00 =	0.00					
HP = highest number of total claims paid for, if greater than 20.								
Indep. Claims	Extra Claims - 3 or HP = 0	Fee (\$) x 220.00 =	Fee Paid (\$)					
2	- 3 or HP = 0	x 220.00 =	0.00					
HP = highest number of independent claims paid for, if greater than 3.								

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional sheet or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets - 100 = /50 =	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
		(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)
Other (e.g., late filing surcharge): 1251 Extension for response within first month 130.00

SUBMITTED BY		Signature 		Registration No. (Attorney/Agent)	42,874	Telephone	(703) 205-8000
Name (Print/Type)	Craig A. McRobbie	Date	April 16, 2009	CMR CAM/CMR/tm			